

FORM ACJ-135A

ALLEGHENY COUNTY PRISON

950 SECOND AVENUE
PITTSBURGH, PA 15219

INMATE'S REQUEST TO STAFF MEMBER

Complete Items Number 1-6.
If you follow instructions in preparing your request,
it can be disposed of more promptly and intelligently.

Replaces JBC 135 which may be used.

1. TO: (NAME AND TITLE OF OFFICER) <u>Dr. Laura Williams</u>		2. DATE <u>9/6/2020</u>
3. BY: (INSTITUTIONAL NAME AND NUMBER) <u>Michael Ginyard 128743</u>		
4. WORK ASSIGNMENT <u>4C</u>	5. QUARTERS ASSIGNMENT <u>201</u>	
6. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS		
<p>Dear Dr. Williams: Since early June I have been having severe nerve pain in my feet. I know this can be a sign of diabetes. I wrote many sick call requests and was informed I would be called to the clinic to have my A2C's checked. I was also informed by a doctor on the Pod that if diabetes wasn't the source of my pain, the source would be discovered and I would be treated accordingly. I also wrote many grievances and also an appeal and was told by Mr. Louis Del-Prete on 8/27/2020 if I had not seen him next Friday to write sick call directly to him. I did have and my medical needs have still not been met. Can you please see that I'm treated for this medical issue. Thank you for your time and attention in this matter.</p>		
Sincerely <u>Michael Ginyard</u>		
7. DISPOSITION: (DO NOT WRITE IN THIS SPACE)		
<input type="checkbox"/> TO ACJ-14 CAR ONLY <input type="checkbox"/> TO ACJ-14 CAR AND ACJ-15 IRS		
STAFF MEMBER		DATE

EXHIBIT I